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A FEW OBSERVATIONS ON CHOLERA.

BY ROBERT DICK, M.D.

ANY suggestions in regard to the treatment of cholera will be acceptable to the profession at this time ; and the few following observations and reflections, founded on the writer's management of a number of virulent and fatal cases, at its former occurrence in this country, may derive interest from the gravity, obscurity, and intractableness of the disease to which they relate.

1. *Bloodletting*—is it EVER indicated in cholera?—I consider it is not, and for the following reasons :—

The proper objects of bloodletting are to reduce plethora or to remove congestion. When a man is attacked with inflammation, he has lost none of his fluids. His vascular system is probably more than usually full ; since, in a large proportion of cases of inflammation, it is to such undue plethora, that morbid influences, as cold or damp, which would have remained inoperative as causes of disease, become such causes. From the moment of the chill, which is subsequently to issue in fever, all the secretions and excretions, with the exception, perhaps, of the urinary, are nearly or wholly suspended. Cutaneous transpiration is notably so ; and after one free and colorless discharge from the bladder, the renal secretion becomes suppressed like the others. Hence the sanguineo-vascular and other fluid constituents of the body are, in inflammation, in more than normal fulness. There are, therefore, rational grounds for sanguineous depletion, to remove the congestion, the *remora* in the circulation. But the circumstances are totally different in cholera.

In inflammation, we may, properly and safely, produce, artificially, by phlebotomy, &c., a measured degree of vascular collapse ; for, as we have observed, plethora generally precedes, or co-exists with, inflammation ; and the very nature of the disease assures us that no spontaneous relief of this kind will occur, since inflammation nearly or wholly suspends even the natural secretions and excretions. But in cholera a morbid drain of the fluids—a drain of the most unmanageable and debilitating kind—is one of the chief symptoms and dangers characterizing the disease. This drain has hitherto produced, or is about to produce, the most frightful vascular collapse. To add, then, to this, by the use of the lancet, seems madness. The measure can only be dictated by an insane,

hap-hazard resolve to do something in the desperate circumstances of the case, without reflecting whether that something consist with common sense or not. Better far to do nothing. It would be safer for the patient, and the medical man would have less to accuse himself of, on retrospect. We believe, therefore, that in every case, in which a patient recovers from cholera, on whom the lancet has been used, he is saved in spite of, not in consequence of, that means.

The terrible reduction of temperature which characterizes cholera is another symptom which decidedly contra-indicates sanguineous and every other form of depletion. I am aware that there are cases of disease, accompanied by intense chilliness and contracted pulse, in which the lancet is safe, if not unequivocally useful; since, under its use, the volume of the pulse and the temperature are restored, among other good effects. But these are cases of fever and inflammation, in which the fluid constituents of the body are at par or above it, and in which there are local congestions, but no general collapse, as in cholera. For the reasons now adduced, therefore, we are of opinion, that sanguineous depletion ought in no case to be practised in cholera.

2. *What is the nature of cholera?*—This question cannot yet be answered; yet, I think that an attentive consideration of the symptoms of the disease will enable us to arrive at a more precise idea of its nature than what is generally entertained.

We would remark, in the first place, that the name of the disease is almost as great a misnomer as was Captain Claridge's designation of Priessnitz's system of treatment.* To name the great epidemic now impending over us cholera, is to proceed on the principle *lucus a non lucendo*, for the disease is characterized by the absence of bile, at least in the evacuations. Nor is this secretion retained in the system in any way similar to what happens in icterus. This is a curious fact, to which, so far as I know, no attention has been hitherto called. We should wish to direct the consideration of pathologists to it.

Cholera seems to consist of some epidemic influence, probably of an atmospheric and electrical nature, whereby the oxidation of the carbon of the blood is interfered with, the vital function which presides over this process being paralyzed or deranged. The other lesions seem to result from this primary one. External cold and external collapse are the earliest noticeable symptoms. Sometimes synchronous with, never anterior, more frequently slightly posterior to, the external cold and collapse, are the nausea, vomiting and purging. And this sequence of symptoms, is thus to be explained:—the chilliness and contraction of the cutaneous surface, and the sudden and complete suspension of transpiration there, cause an instant and strong determination to the complementary membrane—namely, the mucous membrane of the stomach and intestines. In short, the fluid and moveable constituents of the body, repelled from the external, crowd to the internal parts, where the animal temperature is highest. The pressure of this unwonted quantity of fluid on the mucous membrane of the stomach and bowels, both ac-

* Hydropathy, I need not observe, means water-disease, when what was meant to be expressed was water-cure.

counts for the nausea, and occasions and supplies the profuse watery evacuations. The vascular system is suddenly and alarmingly drained, and while some specific morbid influence (the epidemic, to wit) operates in addition, yet, no doubt, to simple vascular collapse is, in no small degree, owing the fatal event in many cases of cholera.

Thus the watery diarrhœa of cholera is merely one, and not the first, of several consecutive effects, from one chief morbid cause—namely, the epidemic influence which paralyzes the function of the oxidation of the carbon of the blood, and to which the temperature of health is owing.

The secretion of urine is usually annihilated in cholera. This I would explain, partly from the fact that the watery constituents of the body are being drained off by another channel (the bowels), and partly because the complex structure of the kidney opposes obstacles to the escape of the watery parts of the blood, which the simpler structure of the gastro-enteric mucous membrane does not present.

The treatment of cholera appears to the writer to have been unwarrantably conjectural, experimentative, and often entirely irrational. Let us never forget this impressive and significant truth, that the proportion of deaths in cholera, as in many other diseases, is not greater under homœopathic than under allopathic treatment. In making this remark, I trust I shall not for a moment be suspected to be a partisan of homœopathy, of which I am absolutely incredulous. I only call attention to the fact just stated, to show that, in every point of treatment where he may be at a loss, a practitioner is safer in doing nothing than in doing what is doubtful. In truth, the indications in cholera are extremely simple and extremely few; they are, indeed, only two. First, to counteract the terrible fall in the animal temperature by hot external applications, frictions, &c., and, second, to administer internal diffusible stimulants, as ammonia, ether, brandy, and perhaps opium. As to the question whether mercury should be given, I shall not venture an opinion; but I would venture to observe (and the remark applies equally to opium) that, if given at all, why do we continue, in a disease of such fearful urgency as cholera, to administer mercury and opium in solid forms in preference to liquid? In all other diseases it is in a great measure immaterial whether medicines act a few hours sooner or later. In cholera, on an hour's time, or less, may hang the alternative of life or death. True, it may be said that both calomel and opium are more easily retained on the stomach, and less easily thrown off, than liquid corrosive sublimate, laudanum, &c.; but we consider the disadvantage of the liquid form less than the advantage, since we can repeat the dose incessantly till something is at last retained.

The propriety of administering emetics is another point, open (we conceive) to no small doubt. An emetic usually reduces both the temperature and the vital energy, and hence, unless its use is counterbalanced by other advantages, could not be recommended; but persons, for whose judgment we entertain respect, think that the succussion of vomiting may have a beneficial effect on the liver and the nervous system. I confess, that so far as my own observation has extended, I have seen no unequi-

vocal positive evidence of good effects from vomiting, nor can I allege that I have seen any of a contrary kind.

Some time last year, I suggested elsewhere (the *Med. Gazette*) that at the origin of any epidemic, attention should be given by medical men, naturalists, &c., whether there be any coetaneous murrain among animals, or blight of vegetation. It is a fact, that there has been a considerable mortality for two or three years past among cattle, and the fact of the potato blight in Europe is one by no means unimportant. Animals and vegetables living, if I may express myself so, more naturally than mankind, sooner feel and manifest the influence of any epidemic virus, from the agency of which man's artificial habits and precautions for a time shelter him. Cholera may just be named and considered a man-blight, possibly of the same origin as the potato-blight. Let us be thankful, that hitherto the mortality has been so much less in the one case than in the other.—*London Lancet*.

LETTER FROM CALIFORNIA—CLIMATE AND DISEASES OF THE COUNTRY—GOLD DIGGING—THE CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the U. S. Mail Steamer will leave this place for Panama in a few days, I improve the present moment in writing you.

Our voyage from Panama was completed in twenty-one days, which includes some five days' detention at the different towns of Acapulco, San Blas, San Diego and Monterey. At some of these towns there was no physician, so that medical services were in great demand. At San Blas many were suffering from fevers and the venereal disease, without any kind of treatment. They were not only eager to get our advice, but, what is not always the case, patients were *willing* to pay us *liberally*. San Blas is an unhealthy town. It is situated on low ground, surrounded by a marshy country—in many respects resembling Chagres.

During the first week we suffered from the extreme heat of the climate and the crowded condition of the ship; as soon, however, as we approached the higher latitudes, those who were debilitated by sickness at Panama recovered, and all were rendered more comfortable. To show the changes of temperature of the air and water in our daily progress, I shall insert a table exhibiting those changes, which was carefully kept, and politely furnished me, by Mr. Whiting, Mate of the U. S. Mail Steamship Oregon, during the voyage from Panama to San Francisco, which was made between the 23d day of May and the 13th of June, 1849.

Temperature of Air.		Temperature of Water.	
May 24	80 deg.	May 24	80 deg.
" 25	80 "	" 25	80 "
" 26	86 "	" 26	82 "
" 27	86 "	" 27	84 "
" 28	88 "	" 28	86 "
" 29	88 "	" 29	86 "

Temperature of Air.		Temperature of Water.	
May 30	88 deg.	May 30	86 deg.
" 31	88 "	" 31	86 "
June 1	84 "	June 1	83 "
" 2	84 "	" 2	80 "
" 3	84 "	" 3	80 "
" 4	84 "	" 4	78 "
" 5	83 "	" 5	76 "
" 6	75 "	" 6	70 "
" 7	68 "	" 7	63 "
" 8	68 "	" 8	62 "
" 9	68 "	" 9	60 "
" 10	62 "	" 10	58 "
" 11	59 "	" 11	53 "
" 12	56 "	" 12	50 "
" 13	57 "	" 13	47 "

San Francisco is situated on a bay bearing the same name, in lat. 38, long. 123 or thereabouts; making the difference in time, between this and Boston, about three hours and a half. The town is located at the foot of a ridge of mountains, which hug the shore for a distance further than the eye can reach, and as they gradually slope towards the water's edge, the ground becomes nearly level in some places, so that almost any feature is presented, as mountain, hill and dale, as it were embracing each other, in picturesque grandeur—

" While heard from dale to dale,
Walking the breeze, resounds the blended voice
Of happy labor, love, and social glee."

San Francisco contains about 6000 inhabitants, besides a much larger floating population who live on ship-board and in tents. The people of the place, I mean the *business* portion, are mostly Americans, and possess the national characteristic styled "*go-a-headativeness*." Everything is conducted upon American principles. The condition of society is better than I expected to find it. There are, as in every other place in the civilized world, any quantity of doctors and apothecaries. Medical fees are very high, and in the majority of cases promptly paid. It is in contemplation to establish a public hospital, and a considerable sum is already subscribed for the object.

The climate of San Francisco is healthy, but cool and unpleasant. The mornings are tolerably warm, but not unfrequently foggy and damp. About 12 o'clock, M., the north-west trades commence blowing, and continue till 3 or 4 o'clock the next morning, rendering woollen clothing as necessary as in New England in the months of March and April. During the winter months it is said to rain nearly every day; but the land breeze then prevails, and the weather is warmer than in the summer season. Thirty miles from this, in any direction, the climate is mild and agreeable, but not as healthy as in San Francisco—intermitting, remitting and congestive fevers being prevalent. These fevers, however, are not common, except in marshy districts, and on large streams. Were it not for the influence of marsh miasm, California would be as healthy as any

climate in the world. The diseases originating in the immediate vicinity of San Francisco are acute catarrh and diarrhoea. The former complaint is to be attributed to the habitual changes of temperature, and the latter to a saline principle contained in the water. The water *probably* contains sulphate of magnesia. I judge from its taste, its aperient properties, and the fact that magnesia is found deposited in the earthy and rocky structures of this region. Crystals resembling Epsom salts are deposited upon bricks where this water has been used in mixing the clay of which they are formed. I have as yet had no opportunity of submitting them or the water to chemical tests. The water evidently contains iron pyrites.

Catarrhal complaints do not, as a general thing, require medical treatment. The diseases of the bowels are readily cured by the use of mild opiates, proper diet, and abstinence for a time from the water as a beverage. I have treated quite a number of patients for diarrhoea, and, as far as my limited experience enables me to judge, it is a very manageable complaint.

Owing to the constant changes of temperature, the thermometer varying daily as it does, on an average, from 50 to 60° F., and not unfrequently the mercury ranges from 45° to 70° in the course of twelve hours, I supposed that chronic bronchial and pulmonary diseases were common here; but I see no evidence yet to confirm such an hypothesis.

Fevers do not originate here. The only cases that I have seen are patients who have contracted the disease elsewhere. Patients are often sent down from the mines for medical aid. These fevers present nothing peculiar. In this atmosphere fever patients soon get well, with the aid of tonics and proper care.

Miners and others are very liable to get poisoned. No one has yet been able to satisfy me what the offending material is. It grows all about the outskirts of the town and in the interior. Persons who lay on the ground and travel through the woods are most liable to it. I suppose every one to be so, who comes in contact with the poison. It produces violent inflammation of the skin, the areolar tissue becomes thickened, and pus sometimes forms. It manifests a partiality to parts—thus the eyes, face and scrotum are the most frequent seats of the disease. The best treatment appears to be cathartics, cooling lotions, rest and low diet. It may become *chronic*, and on the whole is an unmanageable complaint.

I have not been to the gold mines, but I have seen many intelligent and respectable men who have spent considerable time among them; and from these and other reliable sources, I learn that the reports which I had heard respecting them before I left the States were not exaggerated. The mines are probably the richest and most extensive in the world. One thing is certain, they far excel any that have heretofore been discovered. History furnishes no parallel, unless the mines of ancient Ophir may be considered as forming an exception. A large portion of the gold actually occurs in "lumps," weighing from ten penny-weights to as many ounces. Occasionally, though rarely, larger lumps are found, weighing from one to several pounds. It requires neither

experience, skill nor science to obtain the gold ; but it does require *immense labor* and *great exposure*, to pursue this business successfully. The diggers stand in the water, the mercury ranging from 90° to 100°, exposed to the malaria of

"Swampy fens,
Where putrefaction into life ferments,
And breathes destructive myriads ; or from woods
Impenetrable shades, recesses foul,
In vapors rank and blue corruption wrapp'd,
Whose gloomy horrors yet no desperate foot
Has ever dared to pierce ; then, wasteful, forth
Walks the dire power of pestilent disease."

The complaints most common in the mining districts are congestive, intermittent and remittent fevers, and disorders of the bowels.

But taking California as a country, it is remarkable for the salubrity of its climate, the fertility of its soil, as well as the unequalled wealth of its mines.

"Rich is thy soil, and merciful thy clime ;
Thy streams unfailing in the summer's drought ;
Unmatched thy guardian oaks ; thy valleys float
With golden waves ; and on thy mountains flocks
Bleat numberless."

You have doubtless received my communication dated at Panama, wherein I make mention of the occurrence of the cholera on board the Propeller Col. Staunton, on her trip from New Orleans to Chagres, in April last. I mentioned the cases that occurred on the way from the latter place to Panama, those in Panama, &c. There was one other fatal case that I was not advised of at the time of writing ; the patient was a passenger in the Staunton, who undoubtedly received the infection on board. The disease extended no farther. (See p. 455, last vol.)

I also assumed that malignant cholera had never prevailed on the Pacific shores of the American continent, but did not attempt an explanation of the question why it had not, it having been often introduced. I cannot ascertain that the cholera ever prevailed as an epidemic at Valparaiso, Panama, Acapulco, San Blas, San Diego, Mazatlan, or Monterey. The fact is certainly a very curious one, and conflicts somewhat with the doctrines of "*contagion*" and "*electric influence*." It conflicts with the first, because it did not extend to the physicians, nurses, and others who came in contact with the sick. Dr. ———, who had the cholera on board the Staunton, and attended one patient at Panama, was a fellow passenger with me in the Oregon. He says it did not appear to him to be contagious. The woman who washed the clothes that he had on at the time of his sickness, was in good health when he left Panama, a month afterwards. The trunks, baggage and effects of those who died at sea were sold at auction, but experience has proved that they were destitute of *fomites*. It had the same bearing upon the second doctrine, because the circumstances to which the advocates of this theory attribute the origin of the malady would be just as effective on *this* as on the *Atlantic* side of the continent.

To what cause shall we attribute the origin and progress of this devastating and fearful pestilence, if not to that unknown one, *epidemic influence* ?

I remain very truly yours,

San Francisco, June 30, 1849.

J. P. LEONARD.

CREOSOTE AND MORPHINE IN CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I transmit to you the following remedy, to be used for the purpose of arresting the obstinate vomiting and diarrhœa of the cholera, which I am inclined to believe will be found worthy the attention of the profession. The remedy is the syrup of creosote and morphine, made by the simple admixture of pure creosote with the syrup of morphine; the strength of the preparation and the quantity to be administered to be proportioned to the character and emergency of the case. I have used the syrup of creosote and morphine in the treatment of the most violent cases of cholera morbus, protracted vomiting, diarrhœa, &c. &c., and have found it to be unequalled in its prompt and immediate control over the inordinate action of the stomach and bowels in these cases. In the treatment of cholera, I should depend upon it only for the purpose of procuring *immediate* relief, and thus affording time for the operation of means essential to an ultimate cure. Calomel, camphor, and quinine combined, and in large quantities, would be the articles with which I should follow the use of the creosote and morphine.

Respectfully yours,

A. W. MACK, M.D.

Schoolcroft, Mich., July 30, 1849.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. X.

SAMUEL GEORGE MORTON, M.D., FORMERLY PROFESSOR OF ANATOMY IN PENNSYLVANIA COLLEGE, PHILADELPHIA.

" His eye is meek and gentle, and a smile
Plays on his lips: and in his speech are heard
Paternal sweetness, dignity, and love."

" Learning grows
Beneath his care, a thriving, vigorous plant:
The mind informed, the passions held
Subordinate, and diligence is choice."—*Cowper*.

" His home is the resort
Of love, of joy, of peace, and plenty: where,
Supporting and supported, polished friends
And dear relations mingle into bliss."—*Thompson*.

A FAIR-HAIRED, stout-framed, broad, but now round-shouldered, amiable-looking gentleman, whose manly forehead surmounts light brows, blue eyes, and a sweet face, may be seen daily, walking round the corners of the streets, or stepping into his carriage, drawn by one (a gray) horse, in the vicinity of Tenth and Arch streets. His quiet movements and rather feeble gait—one shoulder having sunk some inches, from a late attack of disease on the left side of the chest—with a rather thoughtful air, and a countenance which instantly lights up with a kind smile on meeting a friend, point out the distinguished author of the "*Crania Americana*," "*Crania Egyptica*," "*Organic Remains*," "*Morton on*

Consumption," "*Morton's Anatomy*," &c.; works which, especially the first and second, have stereotyped his name, in the minds of all naturalists, European and American. His editions of "*McIntosh's Practice*," "*Ellis's Formulary*," &c., also endear him to his professional brethren on this side of the Atlantic.

Having graduated about the year 1818, Dr. Morton visited Europe, spent some four years abroad, and took a degree in Edinburgh, writing a beautiful Thesis in Latin, which he afterwards printed and distributed among his friends. His private preceptor was the late Dr. Joseph Parrish, of Philadelphia, one who could enrol now, were he living, a greater number of pupils, whose names add lustre to medicine and surgery, in our city, than perhaps any other man. Drs. Wood, Gerhard, Barton, Yardley, Noble, &c., are but a few of the many who might be enumerated. Dr. Morton spent some time with his relatives in Ireland—from one of whom he received, a few years ago, a very handsome legacy—and travelled over Great Britain generally. We are not informed whether or no he visited the continent, but suppose, from his select Italian and French libraries, and his correspondence with the scientific men of France and Germany, that he did so. A small patrimony enabled him early to marry a beautiful and accomplished woman, who has since blessed him with eight fair proofs of her affection.

Science was ever the pursuit of his placid but active mind. The *Academy of Natural Sciences* owes to him more devotion and real personal assistance than perhaps to any other man. We well remember, years ago, meeting his quiet countenance among the sometimes busy and active spirits, who then frequented this hall of science. *Nuttall*, the great pioneer in American Botany, Dr. Pickering, Prof. W. R. Johnson, M'Clure, and many others, were the weekly visitors to this temple of science. The corresponding secretary (Dr. M.) necessarily became acquainted with the learned and scientific of this country and of Europe. Well do we remember the joy depicted in the countenances of these devotees of science, on the reception of the magnificent *herbarium* of the lamented De Sweinitz, and the deposit of the noble library of M'Clure; also the troubles about the conditions of the legacy from the same gentleman, viz., that the house should be open for use on the Sabbath. Since those days the little Academy has become a mighty temple, and numbers among its members nearly all the distinguished naturalists of the world. Great libraries, great herbaria, and noble collections of birds, have been added since; but there is one collection which stands unrivalled in the world—we mean Dr. Morton's collection of *skulls*. The mounds of the American (North and South) Indian, the graves of Christendom, as well as the tombs of the Musselman and the pyramids of Egypt, have disgorged their sightless skulls for this collection. What a language do these *remains* of humanity teach us! Hamlet soliloquizes over the skull of "Poor Yorick," a man of "infinite jest"; but were Hamlet here, he might soliloquize over the heads of fifty Cæsars, over the heads of princes, chiefs, generals, criminals, Malays, Indians, Europeans, Africans and Chinese. Nay, he might extend his observations down through the animal creation, from the head of the lordly lion or ponderous elephant, to

that of the humming bird—and, with Byron while examining the head of some great painter, poet or philosopher, he might exclaim—

“ Look on its broken arch, its ruined wall,
Its chambers desolate, and portals foul :
Yes, this was once ambition's airy hall,
The dome of thought, the palace of the soul :
Behold through each lack-lustre, eyeless hole,
The gray recess of wisdom and of wit,
And passion's host, that never brooked control ;
Can all, saint, sage, or sophist ever writ,
People this lone tower, this tenement refit ? ”—*Childe Harold*.

Dr. Morton's mode of measuring the solid contents of these skulls, with his accurate external measurements, adds greatly to the value of his great works on the subject.

Geology, botany, natural history, anatomy, physiology, medicine, all met with a devoted student in Dr. M. ; and, what is extraordinary, there is not, perhaps, a man in our city, who (until last winter, when over labor, given to practice and his late work on Human Anatomy, broke down his health, and made him an invalid) does a finer practice. One of the most accomplished physicians among us, he not only has a large private practice, but is called in consultation far and near—even Boston has found him in consultation with her medical savans. In 1832, '33, '34 and '35, he, and several others of Dr. Parrish's former pupils, were associated together, with their old preceptor at their head, and delivered summer courses of lectures on all the branches of medicine. Wood, Barton, Bache, Parrish and Morton, were the lecturers. After this, Dr. M. became associated with the spirited and talented Dr. Geo. McClellan and his compeers, in the Pennsylvania College, and for several years delivered the lectures there on anatomy and physiology. Since that time, he has ceased public instruction, except with his pen—which the American medical profession know is continually instructing the public. As an ethnologist he is generally admitted to have few superiors. The American geologists and naturalists place him in the chair, when they meet at their great annual meetings, and the writers and reviewers of the English and continental journals wonder how it comes that they are forced to resort to our comparatively new country for information about their *own heads*.

Among his medical brethren here, Dr. M. is looked upon as a model of the medical gentleman. Always kind, liberal and considerate, the young and the old feel *safe* in consulting him. His residence is the resort of the learned of all countries—the great Swedish scientific lion, now in Cambridge, found himself at home in Dr. Morton's hospitable mansion, and had here an opportunity of selecting such names for his call to public lectures, as he thought would draw the largest audience at *five dollars a ticket*. In fact, *noctes Mortonianæ* might be written with great profit to the learned, by merely taking notes at the almost daily social meetings at the house of Dr. M.

We pray that an indulgent Heaven may long continue his peaceful life, to bless mankind, and by his example teach the younger members of our profession what kind of men *they* should strive to be—that to be respected and loved, they must be amiable and intelligent. Cato.

HOMŒOPATHY IN CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As you are very liberal in admitting to the pages of your Journal, opinions and statements relative to medical matters, and being sometimes a contributor, and ever a "Subscriber," I should be glad to obtain a little light on a small subject; and that is, how is cholera treated, when it is treated homœopathically?

I would not that your pages should be much cumbered with such infinitesimals, but if "A Subscriber," or any other learned one, will be so good as just to state, in plain old-fashioned English, how, and what with, to cure cholera, then the readers of your Journal may possibly be benefited. To say it is done by homœopathy, by the third or thirtieth dilution of a grain of silex, aconite, charcoal, chalk or sulphur, is not giving the needed information. If I am so dull as not to have learnt what I here ask to be enlightened in, it is not because I have neglected carefully to read from Hahnemann, Ruchert, Hull, Jahr, &c. &c. Indeed, I have yet to learn that two thousand years of experience is worse than nothing, for such must be the case, so far as regards allopathy, if the doctrines of Hahnemann and modern homœopathy be true.

I hope that the dealers in this small business are, at least some of them, honest; but it needs an extended mantle of charity to think they are generally so. In acute and severe cases in Vermont, they dare not trust a decillionth of a grain, or, according to directions in the *Organon*, the "smelling of a globule the size of a mustard seed." Instead of this, they resort to large allopathic doses, even so large as to be quite unsafe.

My intention was not to discuss the merits or demerits of homœopathy; but sincerely wishing to know how cholera may be cured, I ask that "A Subscriber," or some one, would reveal, in plain-spoken language, how it can be done, and thus oblige an OLD SUBSCRIBER.

THE PRACTICE OF MIDWIFERY BY FEMALES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having long been a reader of your valuable Journal, and seeing in the number of July 25th, a short paragraph, headed—"Empirical School of Midwifery," and not believing it could be an emanation of your own feelings upon the subject, from the previous impression I had received of your character, I have waited thus long, hoping to see it noticed by some one who entertained more liberal sentiments with regard to it. But instead, I find in your number of Aug. 8th, a long letter (expressing sentiments still more at variance with candor and liberality), addressed to a certain Rev. Dr. ———, without signature, complaining of the encouragement which the clergy have given to the enterprise. Your correspondent states, that he has but a "pebble in his sling"; yet a pebble, if guided by a malicious hand, may destroy a tender germ just budding into existence. He says controversy is not his calling;

you will perceive it is much *less* mine. Yet as some of his questions seem to demand reply, and as I fear those more competent may shrink from the task, I shall make a feeble effort in defence of my sex, and the cause in which we are engaged—leaving the Rev. Dr. ——— to notice his castigation as he sees fit, and the “man who reports himself from 25 Cornhill” to defend himself.

Your correspondent complains that the clergy are favorable to this movement, and calls in question the motives which actuate a “body of so much intelligence and benevolence.” I answer, that it is this very intelligence and benevolence that causes them to feel so deep an interest in the matter, and which prompts them to advocate the good of the community at large, rather than the pecuniary interest of a would-be favored few, who would keep females in ignorance of their own organization, that they might reap the benefit of their consequent suffering. And in the present state of “medical literature,” when every book is filled with technicalities which none but the learned and scientific are expected to understand, to whom are we to look for a precedence in these things, but to those in whom we place the most confidence and trust. Your correspondent thinks that cases of difficult parturition have tended to throw the practice naturally and legitimately into the hands of male practitioners. I would ask if medical statistics have ever shown a greater number of deaths of parturient females, even when the practice was entirely in the hands of females, and when it was considered disgraceful for a male to be present. But is it not rather to be attributed to the diffidence and disquietude which a delicate female must feel in such presence (at a time when of all others she needs to be soothed, and made perfectly at ease), that difficult cases are of such frequent occurrence?

Your correspondent says that those who practise the profession need the experience derived from ordinary cases to qualify *them* to meet the more difficult. But I do not believe a case of difficult parturition ever occurred in which it would not have been more consonant to the feelings of the sufferer to have had a female practitioner, *provided* they could have possessed the *requisite knowledge*; and it is that knowledge we aim at, and claim that we have a right to possess. It is our lack of means for obtaining such knowledge of which we complain. He also states that he has had cases which no *ordinary* female could have managed with safety. Most likely; *ordinary* females should not be engaged in the business. *Ordinary men* are not, or should not be. But let females who have a capacity for the business receive some of the advantages which have been so amply provided for the “lords of creation”; let them be admitted to your college, receive the benefit of your medical lectures, and have access to your extensive libraries, and when they have studied “long enough” let them be critically examined by your professors, and let such only as are competent receive authority to practise, and *ordinary* women would no longer find employment. But if (as your correspondent seems to insinuate) our lecturer does not possess the requisite qualifications for his office, is it “*courteous*,” is it *gentlemanly*, to censure us for what is our misfortune rather than our fault?

Your correspondent doubts the reputable standing of some of the members. We know that wolves sometimes enter the fold in sheep's clothing; but if he knows aught against the character of any one of our number, is it not more candid and gentlemanly to speak plainly, than by such insinuations to injure the innocent with the guilty?

Your correspondent also asks, will the "well-educated and most sensible women engage?" I would answer that there may not be many whose tastes would lead them into the study. But it has always been considered an honorable employment for a *man*, and I trust the time is not far distant when it will no longer be thought a *disgrace* for a *woman* to be capable of administering to the necessities of her own sex. And when physiological knowledge shall be more generally diffused among females—when they understand more fully the wonderful organization of their own being—they will no longer remain thoughtless or passive upon so important a subject, permitting your sex to monopolize a branch which a proper sense of decorum *should* proclaim belonged *exclusively* to us. That time will soon come—already the light of physiological knowledge is beginning to dawn upon many who have been groping in darkness, and a spirit has been aroused which will not be allayed until such knowledge shall be diffused throughout the land.

Malden, Aug. 13th, 1849.

Yours respectfully,

ONE OF THE CLASS.

A REMEDY IN CHOLERA AND CHOLERA MORBUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Wishing to contribute my mite to aid in the relief of suffering humanity, I beg leave, through your wide-spread Journal, to offer the following remedy for cholera and cholera morbus.

Take one gill of good cider vinegar, heated as quick as possible and as hot as the patient can take it; *set in a bowl of boiling water*, add to it three heaping teaspoonfuls of fine salt and one of black pepper. Take teaspoonful doses, say from ten to twenty in a minute, which will stop both puking and purging in from five to fifteen minutes. The above has been my treatment in cases of cholera morbus for more than thirty years, and always with success. In July, 1832, I travelled from this place to Burlington, with a gentleman from the South, who on the way was troubled with diarrhoea, and asked me for a small piece of opium, which I gave him, in the stage betwixt Montpelier and Burlington. He took tea and retired to bed as usual, but before daylight was taken with violent puking and purging, cold extremities and all the symptoms of cholera. I was called to prescribe for him about daylight, and gave the above, which in less than ten minutes arrested both puking and purging. He was bathed with the same, and hot flannels applied, with friction to extremities. This was all he took, excepting a tablespoonful of charcoal made from the crusts of bread. Spirits of terebinth., with cantharides should be applied to the extremities, spine and chest.

Littleton, N. H., Aug. 13, 1849.

WM. BURNS.

BRANDY AND OPIUM IN TETANUS—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT fifteen years ago, I was called to visit Miss A., who was suffering from an attack of tetanus or lock-jaw, occasioned by a small wound in her hand. She was about 23 years of age, and though of good habits and firm constitution, she had for several years been severely afflicted with various disorders, such as pain and swelling in the side, dyspepsia, epilepsy, œdema of the feet and legs, and derangement of the menses; the latter sometimes very painful. I found the tetanus to be of the class called opisthotonos; drawing the head, shoulders and lower extremities backwards. The spasms were excruciating, recurring at intervals of 10 or 15 minutes, and of few minutes' duration. During these spasms, not only the jaws, but every muscle and fibre appeared as rigid and firmly set as though she had been made of marble. During the intervals between the spasms, the rigidity of the muscular system was so far relaxed, that she could swallow liquids. I then directed brandy and opium to be administered as fast as she could take it (which she drank with the greatest avidity). In less than six hours I administered eight quarts of good brandy, one pint of rum, and more than one quarter of an ounce of opium, when the spasms suddenly ceased—she at the same moment uttering the exclamation, "Oh, I can see with my blind eye." She had been blind in one eye from childhood.

J. S.

P. S.—I attended her during one of her menstrual labors, which was painful beyond description, and some two or three hours elapsed before it could be arrested; but when it did cease, she remarked that she would not presume to brave the Almighty, though she consoled herself by reflecting that her agonies could not be increased; and added, "never till now did I believe that human being could endure such pain."

NARCOSIS FROM MORPHIA, IN A CHILD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following circumstances occurred here a few days since.

Mrs. S. was taken suddenly and violently ill. I prescribed, and she took, several half-grain doses of sulph. morphine at intervals of four hours, with no other effect than relief of pain, and quietude, without sleep.

Her youngest child, aged 11 months, was attacked with diarrhœa. By mistake, one of the half-grain powders of morphia was given to him. In about four hours and a half the mother's attention was attracted to the child by the unusual length of his sleep, and his laborious and somewhat stertorous breathing. I saw him in about thirty minutes. Believing that entire absorption of the morphia had taken place, I directed severe frictions to the limbs and spine, and a large clear mustard paste to the epigastrium. The child soon manifested signs of irritation. Some strong spirits of camphor standing by, was poured upon a napkin and applied to the child's nostrils. In less than twenty seconds violent emesis

occurred, once, and once only, with scarcely apparent nausea. In a few minutes the inhalation of camphor was repeated, with the same result, in the same time; and also the third time, when only a little mucus was ejected, but as promptly as before. No other inhalations of camphor were forced, or vomitings took place. The child recovered from the effects of the morphia in about thirty hours.

Did the camphor and vomiting stand as cause and effect, or simply as coincidences?

S. B. SEWALL.

Somerville, Aug. 17, 1849.

VICARIOUS MENSTRUATION.

[Communicated to a distinguished Medical Gentleman in Philadelphia.]

DEAR SIR,—Yesterday, quite an interesting, and, so far as my knowledge extends, somewhat unique case was presented to me for medical advice. The following is a brief summary of the case, as detailed to me by the individual herself.

Miss M., æt. 20, of medium size, and dark complexion, was attacked with severe pains in the uterine region, about one year or more ago. She labored under a severe spell of sickness, under the care of Dr. Atlee and other physicians of Lancaster. For some time her life was despaired of, but she ultimately recovered, and for more than nine months subsequently was unable to *urinate*, save by the aid of the catheter. Her catamenial discharge appears monthly, and, according to her account, plentifully. Her menstruation continues usually about four days; but the most interesting part is, that, at each menstrual period, she spits up large coagula of blood, and there is also a discharge from one of her nipples of a sanguineous fluid, both commencing, continuing and stopping at the same time with that of the menses. Now I have heard of vicarious menstruation, but then there was no discharge from the uterus at the same time, or, if any, it was very scanty. Can it be owing to an engorgement of the stomach and mammae at the same time with that of the uterus? and if so, whence the cause? Would it be dangerous to attempt arresting these periodical flows from the stomach and mammae? And if so, why should it be dangerous, inasmuch as a goodly discharge is going on from the uterus at the same time? The young woman is not any ways emaciated, but, on the contrary, looks quite plump, or, as the French would say, *embonpoint*. She is troubled with considerable pain in the small of her back. Time will not allow me to say more at present. I wish you to answer this immediately, and give me your opinion on the subject, treatment, &c.

Yours respectfully,

W. R. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 22, 1849.

Pathology and Treatment of Cholera.—Samuel A. Cartwright, M.D., of New Orleans, is the author of a pamphlet with the above title, having

an appendix that contains particular instructions to planters and heads of families, remote from medical advice, in regard to the prevention and cure of cholera. Such is the reputation of Dr. Cartwright, for both professional skill and learning, that this publication is unquestionably exerting a commanding and salutary influence in the region of country for which it was prepared. The following extract will show his mode of treatment.

"I treat both the cholera, and what are improperly called its premonitory symptoms, in the same manner. By one or more efficient doses of medicine, given as soon as possible, viz.—20 grs. capsicum or Cayenne pepper, 20 grs. calomel, or hyd. cum creta, 10 grs. gum camphor, 15 gum Arabic, and the same of calcined charcoal, mixed together, and given at one dose. Two tablespoonfuls of cold water, being the best vehicle. The end of a towel or napkin, wet in cold water and inserted into the mouth, immediately after swallowing the medicine, will remove the burning, pungent sensation in the mouth, and also prevent vomiting. Much water, drank after taking the medicine, is apt to cause vomiting, and is less effectual in allaying the burning sensation, felt in the mouth and fauces, than the wet napkin. If the above composition be vomited, another should be given, or half doses, if only a part be, until at least one full dose is retained on the stomach. Then little sips of some aromatic teas, as chamomile, mint, cinnamon, &c., to determine to the surface. If the skin be cold, or the feet and hands, besides mustard externally, hot salt in bags or hot bricks, or bottles filled with hot water, applied around the patient, will assist in starting a perspiration. As soon as the skin gets warm and moist, the drinks should be given more freely, and the hot applications removed entirely. Fresh, cool air to be admitted in the room from the commencement. As soon as the patient begins to sweat freely, warm drinks to be given freely, or cold drinks if the patient prefers them. It is not necessary then, that the drinks should be stimulating or pungent; warm water itself will not vomit when a revulsion is made to the surface by the sudorific powder just mentioned, and a perspiration induced."

Human Parturition.—H. Miller, M.D., Professor of Obstetrics and Diseases of Women and Children in the University of Louisville, Ky., is the author of an octavo of 468 pages, bearing the title—"A Theoretical and Practical Treatise on Human Parturition." There are twenty-four chapters, embracing the whole that is comprised in that department of practical medicine, written in a clear, perspicuous manner, and constituting something more than a common every-day system of midwifery. Dr. Miller appears to have been laborious in his researches, and economical in saving those results of his experience and observation, which were to be the foundation of his own fame, as a successful teacher and writer. If there is any particular feature in this work, that strikes the reader, it is the plain, straight-forward, unostentatious way of relating whatever he has here seen fit to record. In these days of predominant self-esteem, when men of small calibre puff themselves up to a dangerous degree of inflation, it is pleasant to contemplate the learned but modest author, who, unconscious of his real influence over the minds of others, without parade, and in quiet, gentlemanly address, displays truth in a way to enlighten and permanently benefit society. Such an one we consider Dr. Miller to be.

Swimming.—A pretty little treatise on the science of swimming, with various wood cuts, illustrating the proper positions to assume in the water,

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from the press of Fowlers and Wells, of New York, may be had of most booksellers. We fully agree with the author, that all men and women should learn how to manage themselves in the water. There are conditions in which we are all liable to be placed, without a moment for reflection, when life might be severely perilled, if not lost, for want of knowing how to swim. This manual gives minute information upon all these points, with pleasant historical allusions to this healthful and useful accomplishment. It is now the height of fashion at Lynn Beach, at Newport, R. I., and at Cape May, for large numbers of both sexes to be bathing in the water at the same time. At these, and such like resorts, the book would find a ready patronage.

Psychological System of Medicine.—At a late meeting of the Middlesex District Medical Society, held in the city of Lowell, Mass., a discourse was read by Walter Kidder, M.D., entitled—"General Deductions from the Psychological System of Medicine, with an especial illustration upon typhus or typhoid, as read before the Society," &c. As the ship left port in a fog, the following notice was given on the inside of the title-page, for the especial benefit of those who were ignorant of the fact that a vessel was actually afloat in the offing. "To the readers of this paper the applicability of the title psychological will not be evident [that is true], for all proof to that effect has been studiously avoided [certainly it is not there], knowing that the admission of such proof would lead to far more extensive explanations than the circumstances under which it was read would allow [meaning more unnecessary prolixity], for even in its present form time would only admit the reading of the general deductions, while the special illustration was of necessity omitted;" which is much like spreading a dinner table with plates and sauces, but keeping all the meats and other substantials out of sight. There never was a more curious dislocation of that old proverb, that the proof of the pudding is in the eating, than in the present case. Here is the proof, but has there been any pudding? After considerable declamation, in which Hippocrates is referred to as a gentleman of presumed respectability in his day, the author must have astonished the members of the Middlesex District Society with this solemn declaration—"It has long been the opinion of physicians and other scientific men, that medicine is an uncertain science." How strange that this impression should have got abroad! The paragraph might have been eked out another line, by saying, with equal gravity and concern—this will raise the deuce with us who practise physic!

On the 8th page, the reader is plunged into an abyss of transcendental darkness; from whence, should he attempt to escape, he will find himself just where Dr. Kidder must have been when he wrote the marvellous jargon which is here presented. Ponder upon this sublime, syllogistic nonsense. "Ends are in the first or superior of the discrete degrees; causes are in the second, or middle; and effects are in the third, or lowest, as is self-evident." Again, at the 9th page there breaks forth another of these corruscations of mental light, that put all common modes of reasoning on medical subjects completely at defiance. "In fact," he says, "singulars being the offspring of universals, and partaking of the nature of their parents, can in no way be fully understood." Ah! doctor, you are right in that part of the proposition—"can in no way be understood." It would turn the head of a Mandarin with a red button, to manage such reasoning.

Singular as it may appear, all this positively relates to a *general deduction from the psychological system of medicine!* Our friend has much the same notion of disease, that General Jackson had of his cabinet. Hear what he says on page 22—"All disease is, then, a unit." At the 39th page, the power that carried the author over thirty-eight pages gave out; whether the hobby, a jaded nag, then broke down, or the boiler burst, the surviving members of the Middlesex District Medical Society can alone inform their anxious brethren.

How could a man in his sober senses deliver such a discourse? There are words, but few or no ideas; an attempt at doing something, which turns out to be nothing—a grave topic converted into a farce, and the principal actor the author himself. We have not, in these remarks, a particle of malice towards any individual or association, and were it possible to find anything to commend in this discourse, we should do so cheerfully. As faithful chroniclers of the progress of medical literature in America, including the precincts of the Middlesex District Medical Society, we cannot do less than proclaim this great pamphlet to be a great failure. Yet the writer is not destitute of ability; and though he has failed in this, perhaps his first literary attempt, he may hereafter produce something that will be creditable to himself, and that we shall praise with more pleasure than we have now condemned.

Perkins Institution for the Blind.—Such is the reputation of the asylum for the blind in the city of Boston, that its annual reports are sought for with no common feeling. There have been rare subjects in it, on which to write and theorize. All the world over, the name of Laura Bridgman has become familiar. Through the philosophical investigations of the Superintendent, some perplexing facts have been brought to light in regard to the human mind. From all we can discover, in a hurried examination of the report, the corporation is actuated by christian philanthropy, altogether worthy of imitation in this age of slackness, when the question comes up, without bidding—how much will it cost? It is admitted that Dr. Howe is the institution, and without him it would probably soon lose its distinctive character. There are not so many personal narratives introduced into the present report as were the charm of some of the past; but it is by no means without interest to all who have a ray of sympathy for the hopelessly blind.

Connecticut Medical Society.—By the published transactions we are informed that Geo. Sumner, M.D., was elected President at the late anniversary meeting. The funds of the institution exhibit good management in the financial department. Dr. A. Tolcott read a dissertation on hygiene, which should be given to the press. A resolution was brought forward by a committee, that it is the opinion of the convention, that clergymen should be charged the same fees as other citizens, and that it shall not be considered dishonorable to collect the same. Johnson C. Hatch, M.D. of Kent, is the dissertator for 1850. Drs. A. Welch, T. Miner, H. A. Grant, and B. M. Fowler, are the delegates to the next session of the American Medical Association, to be held at Cincinnati. Drs. Geo. Sumner, D. T. Brainard and N. B. Ives, are the representatives of the Society for the revision of the Pharmacopœia, in 1850. Dr. Josiah G. Beckwith is the new Secretary of the Society.

The Cholera in Boston.—The weekly report of deaths in to-day's Journal shows an increase on the very large number of the preceding week. The same peculiarity in regard to the character generally of the victims of the cholera, which has marked its course hitherto amongst us, still continues—most of them being foreigners whose modes of living have predisposed them to the attacks of any prevalent epidemic. Without including the cases reported as cholera, the mortality from diseases of the bowels, usually so prevalent in August, is not materially greater than that of last year at this season; and it is probable the cases of sickness and death among our own countrymen are not more numerous now than they were then. Among all the deaths reported this week, 7 were at the House of Industry, 10 at Deer Island Hospital, 8 at the Lunatic Hospital, and 23 at the Cholera Hospital. Americans, 76; foreigners and children of foreigners, 181. Our city authorities are doing all in their power to mitigate the sufferings of the poor and sick. Measures have been taken to close the miserable cellars which have been occupied as dwellings, but which are destitute of all the means of comfort to their crowded tenants. The Committee on Internal Health have also appointed physicians in different parts of the city, to attend the cases of cholera among the poor, with power to furnish medicine and nurses when necessary. The following are the names of the physicians appointed:—Phineas M. Crane, M.D., Maverick Square, East Boston; Edward B. Morse, M.D., 133 Hanover street, for Ward 2; John Spence, M.D., 2 Baldwin place, for Wards 1 and 3; C. F. Heywood, M.D., 3 Chardon street, for Wards 4, 5 and 6; Henry W. Williams, M.D., 10 Essex street, and at the Cholera Hospital, for Ward 8; Wm. H. Thayer, M.D., 24 Hanover street, for Wards 7, 9, and part of 10 easterly of Washington street; Wm. Hawes, M.D., 37 Common street, for Wards 11 and the part of 10 west of Washington street; John A. Stevens, M. D., 81 Broadway, South Boston, for Ward 12.

Medical Miscellany.—The celebrated Magendie, President of a Committee of Health, is about visiting London on a special mission, to communicate verbally, to the faculty, the result of his experience in the treatment of cholera.—Drs. White and Fontain, at Germantown, N. C., lately had a murderous set-to, without doing themselves much damage.—Mrs. West Hendrickson, of Harrison, Ohio, gave birth, recently, to three sons, who are all thriving.—The Massachusetts Health Insurance Company, the last of the four health companies, chartered in 1842, have voted to discontinue further business, and close up its affairs.—It is stated that a Mr. Frankland has made a discovery of what he calls *ethyl*, or the base of ether; and it is thought that this base will tend to the elucidation of many involved questions connected with the phenomena of etherization, and will prove of great value to all chemists.—Francis Fontaine recently died at St. Alne, Canada, at the age of 102 years.—Cholera is again on the rise in Great Britain. It seems, on the whole, to be decreasing in the United States.—Dr. W. M. Boling, of Montgomery, Alabama, late of the Memphis Medical School, Tenn., has been appointed to the chair of obstetrics, in the Transylvania University, Ky.—Dr. Thomas Hooker was prosecuted in Canada, recently, on complaint of the College of Physicians and Surgeons, for practising physic without license, and fined £10 and costs. He had better come into New England, where any body can practise medicine, whether they understand it or not.—The deaths in New York last week were 963, of which 389 were by cholera—a smaller number than that of the week previous.—At Philadelphia, the cholera has entirely disappeared.—Mrs. Harrington is now living at Lexington, Mass., at the age of 106 years and 6 months. At the time of the celebrated Concord Fight, April 19th, 1775, she was married and had two children.—Andrew H. Brand, who lives on Green River, Ky., is 5 feet 3 inches in height, measures 6 feet around the waist, 2 feet 6 inches around the calf of the leg, and 2 feet 2 inches around the arm, and weighs 500 pounds.—The Casket and Ribbon, or the Honors of Ether, by Wm. H. Dwinelle, M.D., a pamphlet from the pages of the American Journal of Dental Science, is circulating. It advocates the claims of Dr. Morton, as discoverer.—The citizens of Columbia and Adair, Kentucky, are suffering from a disease, and the physicians are at a loss what to designate it. There were forty cases in or near Columbia, on the 25th ultimo, and four deaths.—In the late French National Assembly there were no less than forty-nine medical men, forty of whom were actual practitioners, and nine pharmacians. A large number of these—viz., thirty—were not re-elected, but fourteen new members of our profession have succeeded in their election. So that there are now thirty-three in the Assembly—not much of a falling off, as the whole number of members is reduced from 900 to 750.

DIED.—At Southampton, England, John Shadwell, M.D., lord of the Manor of Horsfield, in his 90th year.—Daniel Arnold, M.D., President of the College of Physicians and Surgeons of Lower Canada.—At Beauharnois, Canada, Robert Carriere, M.D., of cholera.—At Fairfield, N. Y., Dr. Green, of cholera.—At Sylvania, near Toledo, Ohio, Dr. Horace Green, an estimable physician, of cholera.—At Philadelphia, Dr. Thomas Fitch, 75.—At Mauchester, N. H., Dr. Thomas Brown, of cholera.

Report of Deaths in Boston—for the week ending Saturday, August 18th, 257.—Males, 137—females, 120.—Of cholera, 111—dysentery, 21—diarrhoea, 13—disease of the bowels, 31—consumption, 14—typhus fever, 5—drowned, 4—sudden and unknown, 1—accidental, 4—infantile, 5—disease of the hip, 1—scarlet fever, 6—cholera morbus, 1—scrofula, 2—teething, 12—brain fever, 1—dropsy of the head, 3—lung fever, 1—cholera infantum, 4—typhoid fever, 1—gangrene, 1—convulsions, 2—congestion of the brain, 1—dropsy, 2—disease of the brain, 1—tumor, 1—paralysis, 2—debility, 1—croup, 1—old age, 1—marasmus, 1—hemorrhage, 2.

Under 5 years, 79—between 5 and 20 years, 32—between 20 and 40 years, 90—between 40 and 60 years, 41—over 60 years, 15.

Larvæ in the Meatus Auditorius.—At a recent meeting of the Westminster Medical Society, Dr. Routh exhibited two small maggots, which had come out of the ear of a gentleman. This gentleman held the office of Superintendent in some gold mines in Brazil. Being engaged on a Thursday in October, 1846, in reading, he was tormented by a fly, at which he struck with the palm of his hand, and accidentally pushed it within the *meatus auditorius*. He was not able to extract it until four or five minutes after, when his daughter succeeded in doing so by means of a small forceps. The fly came out entire, excepting one leg, and alive, and was seen by every member of the family, and recognized to be a *musca carnaria*, or flesh-fly. On the same evening he began to feel an uneasy sensation in his ear, which went on from bad to worse, until the internal ear became exceedingly painful. The sensation was as if there was something like a gnawing or rasping of the drum. The natives around him stated that maggots had been found in the ear. An English medical gentleman was sent for, who ordered a few drops of a solution of opium in dilute nitric acid, to be instilled in the ear. The pain and gnawing, however, were in no way relieved. On the Saturday, at four P. M., he was seized with a convulsion; he moaned terribly, plunged his head in his pillow, bending forcibly the joints, and rolling the eyes; the general character, however, of the spasmodic movements was clonic; the convulsion lasted from seven to ten minutes. The medical gentleman called the same evening with a forceps, extracted a living maggot, and ordered a weak solution of bi-chloride of mercury to be applied within the ear. The rasping, gnawing and pain continued. At eleven, P. M., the same evening, another convulsion occurring, further medical aid was called in, and on consultation, it was agreed to apply white precipitate suspended in milk to the ear. This was done, and somewhat relieved the pain; soon after, two other maggots came out alive. On the Sunday morning another convulsion occurred, but much less violent; the same day a fourth maggot dropped out, also alive. From this time, all the acute pain subsided, but slowly at first, as a purulent discharge continued to flow from the ear, but which at last yielded to injections and counter-irritants. The patient finally recovered in about six weeks, but had remained deaf in that ear ever since. The case related was very interesting: 1st, as showing the short space of time in which the ova were deposited, the fly not having remained in the ear more than five minutes; 2nd, as showing the rapidity in which they were hatched in the ear; 3rd, as exemplifying the non-poisonous quality of the cerumen to maggots of *musca*; and, lastly, as indicating the danger of delay, and the efficacy of white precipitate as a means of cure. Two cases only were recorded in "Cooper's Surgical Dictionary," in one of which convulsions also were present, but in neither was the history of the first deposition of the ova given, which in this case was distinctly traced to a *musca carnaria*.—*London Lancet*.

Night Visits.—Within what hours ought physicians and surgeons to consider their visits as "Night Visits," and charge for them accordingly? This question has recently been submitted to, and solved by, a legal tribunal in Belgium. After hearing various witnesses, it was decided, that *all visits made between 9 P. M. and 6 A. M. ought to be regarded as night visits*. This decision seems to be just and reasonable, both to patients and medical men.—*London Journal of Medicine*.